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ABSTRACT

The Classroom Centers for Multiple Handicapped Children were designed to provide profoundly retarded children with instructional programs meeting individual needs. In addition to the educational and training components of the program, speech and physical therapy services were also included. Seven classroom centers served approximately 56 children in 7 schools. Results from classroom observations, together with teacher and physical and occupational therapists' ratings found that students showed improvement in the following areas: Self-care, perceptual and motor development, self identification, language development and socialization. Parental participation and inservice training components of the project were of limited success due to a lack of direction and coordination of activities in these areas. (Author)

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CLASSROOM CENTERS FOR MULTIPLE HANDICAPPED CHILDREN

1972 - 1975

Report Number 7616

Project Evaluator: Camilla Grigsby

FEDERAL EVALUATION RESOURCE SERVICES
OFFICE OF RESEARCH AND EVALUATION

THE SCHOOL DISTRICT OF PHILADELPHIA

August 1975

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THE PROJECT

The Classroom Centers for Multiple Handicapped Children were part of the target program for profoundly retarded children admitted to Philadelphia schools under the 1972 Right to Education Consent Agreement. Seven classroom centers, each staffed with a teacher and an aide, served a maximum of 56 children.

RATIONALE

The existence of perceptual and/or physical handicaps with profound retardation requires specialized instructional and therapeutic techniques and facilities which can be most adequately provided in special classroom centers.

EXPECTED OUTCOMES

The project was designed to provide instruction, training, speech and physical therapy services to meet the individual needs of the children.

It was expected that parents will become actively involved in their child's program. With increased understanding of their child's capabilities, limitations, and needs, parents would be able to create a more effective home learning environment.

PROJECT DESIGN

The 7 classroom centers serving approximately 56 children were located in the following schools:

Morton School	District 1
Childs School	District 2
A. S. Jenks School	District 3
Leidy School	District 4
Powers School	District 5
J. E. Hill School	District 6
Spruance School	District 8

The instructional staff was trained to build instruction upon: a) individualization, b) concrete techniques, c) a variety of methods and multi-sensory activities serving to reinforce each other, and d) a comprehensive curriculum.

Speech therapists and physical and occupational therapists were assigned to each class to provide prescriptive service.

Active parent participation in the program was to be encouraged. Parents were to be routinely informed of their child's progress and advised of activities which were part of the child's instructional program and could be carried on at home. Parental visits to the centers would be encouraged, at which time the philosophy and procedures of the program would be explained. School sponsored training programs for parents were to be scheduled.

An initial inservice training program was to be held for all teachers and aides. This was to be followed-up in Years II and III of the project with ongoing staff development.

A summer program component was to be included in Years I and III of the project. This would provide continuity in programming and help to forestall student regression.

PROJECT EVALUATION

EVALUATION DESIGN

Project evaluation has focused upon program implementation and student progress.

During the first year of the project, the Office of Research and Evaluation developed a behavioral rating scale to assess student progress in the areas of self-care, motor development and language development. The scale consisted of items of behavior related to skill areas. For each rating period, teachers were asked to indicate whether the student could or could not achieve those behaviors. Students were rated during the Fall and Spring of the 1973-1974 and 1974-1975 school years.

Additional information on student progress was gathered from ratings made by the physical and occupational therapists using their in-house developed scale.

A student observation form was designed to record individual activities which were categorized by learning area, instructional setting and the duration of the activity. The form was used in classroom monitoring during 1974-1975. All classes were observed three times throughout the year at random times during the school day.

IMPLEMENTATION

Parent-Family Participation:

Teacher reports indicated that parent-family involvement in the program was left to the individual teacher to implement. This resulted in differences in the degree and the extent of parental participation throughout the program. Several other factors also seemed to impact upon

parental involvement. In two classes, the majority of the children lived in residential facilities where family contact was minimal. This limited the potential extent of parental involvement for these classes. It appeared that teacher success in encouraging parent participation was related to the socioeconomic level of the school's catchment area.

Four classes reported that when needed, parents were contacted to discuss matters relating to the child's progress. The other classes had regularly scheduled parent conferences and/or group meetings ranging from approximately two per year to once a month.

One class had regularly scheduled classroom visits for four of its parents. Other teachers encouraged parents to visit their child's class whenever desired.

Inservice Program for Teachers, Teacher Aides, and Parents:

Because the classes for the multiple handicapped were considered part of the program for profoundly retarded children admitted under the 1972 Consent Agreement, staff development took place in conjunction with the remaining low functioning retarded trainable classes.

During 1974-1975, a city-wide system was in the process of being established whereby teachers and aides were clustered in small groups which met once a month to work on improving teaching strategies and skills. One of the multiple handicapped classes was involved in a cluster. It is expected that all classes will participate in the staff development program during 1975-1976.

The Supervisor of classes for the low functioning retarded trainable visited five of the multiple handicapped classrooms to give specific suggestions regarding program implementation.

There were no project-sponsored parent workshops.

Summer Program:

Following the recommendation of the second year on-site evaluation team, a summer session was held during the summer of 1975. Five magnet classes were run, with a total enrollment of 36. Fourteen of these students were enrolled in multiple handicapped classes during the regular year, the remainder were from other low functioning classes. Reports from teachers indicated that they attempted to continue the individualized instruction given the students during the year. However, prescriptive teaching was difficult in many cases because teachers were assigned students which they did not have in their regularly assigned classes and were therefore not familiar with their ongoing instructional programming needs. The summer classroom centers did not operate in their home schools. Consequently, teachers were limited in the supplies and equipment available for use in the summer instructional program.

ATTAINMENT OF OBJECTIVES

Objective 1: The educational component of the program will help each student to show improvement in self-care (toilet training, self-feeding, walking, talking, dressing).

The objective was achieved.

Results from student observations (Table 1) found that an average of 17% of the students' time was devoted to activities concerned with self-care tasks. Out of a total of 216 observed learning activities, 46 (21%) were in the area of self-care (Table 2).

Teacher ratings of student skills on the MH Language and

Development Scales (Table 3), for 1973 through 1975, show that a substantial proportion of the students gained in personal hygiene, toileting, and feeding skills. Corroborative data was attained from the Physical and Occupational Scale ratings (Table 4) in the areas of feeding, self-feeding and toileting.

Objective 2: The educational component of the program will help each student to show improvement in motor development.

The objective was achieved.

Observations of student activities (Table 1) found that an average of 17% of the students' time was spent on developing motor skills. Of the 216 observed learning activities (Table 2), 40 (19%) were concerned with motor development. For each rating period, over two-thirds of the students showed gains in motor skills (Table 3).

Children requiring physical therapy were placed in individual prescriptive programs planned and administered by the program's physical and occupational therapists. Results from their ratings of 35 students (Table 4) showed that 31 of the students improved in gross motor ability and 24 students improved in fine motor skills.

Objective 3: The educational component will help each student to show improvement in developing a sense of self.

The objective was achieved.

Classroom observations substantiated teacher reports that emphasis was placed on the individual child's self-awareness. Children were continually encouraged to respond to their names and were addressed often during normal teacher dialogue. Group praise of an individual's classroom performance was often shown by hand clapping and saying the

child's name ("Yea, Johnny!). Techniques for increasing body awareness were incorporated in language and perceptual-motor activities.

Objective 4: The educational component will help each student to show improvement in language development.

The objective was achieved.

Classroom observations found that 22% of t[illegible]' time was spent in language learning activities (Table 1). F[illegible] (26%) out of 216 observed activities were concerned with developing language skills (Table 2). Over one-half of all students rated in language skills showed improvement (Table 3).

Objective 5: The educational component of the program will help each student to show improvement in perceptual development.

The objective was achieved.

Data from classroom observations (Tables 1 and 2) found that 9% of the students' time was devoted to sensory awareness and discrimination activities and 12% of the students' time to perceptual-motor training. A total of 51 activities (23%) of those observed were devoted to perceptual development. Over one-half of all students rated in eye-hand coordination showed improvement (Table 3).

Objective 6: The program will help each student to show improvement in comfortable relationships with adults and with other children.

The objective was achieved.

Teachers reported that most children who entered the program successfully adjusted to both the adults and the other children. Classroom monitoring noted that the classes had a very relaxed atmosphere, resulting in a non-threatening environment for the child.

Objective 7: The program will help each student to show improvement in locating self in relation to others and beginning learning in social relationships.

The objective was achieved.

Classroom observations (Table 2) found that 38% of the student's learning activities took place in small group and whole group situations. The evaluator observed that the teachers and aides actually encouraged social interaction during these periods. Class structure allowed ample opportunity for incidental social interaction.

Objective 8: There will be a more comfortable, relaxed relationship between mother and child.

Insofar as the program has generated increased parental understanding and knowledge of the child, it may be assumed that this has resulted in a better parent-child relationship. Teachers reported that they regularly informed parents of their child's progress and contacted them to discuss problems and concerns when the need arose.

SUMMARY AND CONCLUSIONS

The Classroom Centers for Multiple Handicapped Children were designed to provide profoundly retarded children with instructional programs meeting individual needs. In addition to the educational and training components of the program, speech and physical therapy services were also included.

The primary objectives of the program were to assure that the educational, training and therapy components would help each student to show improvement in the following areas: self-care, perceptual and motor development, self identification, language development and socialization.

Results from classroom observations, together with teacher and physical and occupational therapists' ratings confirm that these primary program objectives were achieved.

Project implementation was to include emphasis on parental involvement and inservice training for teachers, aides, and parents. Evaluation findings revealed that there appeared to be a lack of coordination of activities and direction in these areas which limited the project's effectiveness.

The success of the project lies in its direct impact on the students. In providing the instruction and therapy needed for each child to develop his full potential, the project recognizes the right that every individual has to equal educational opportunities.

TABLE 1

TIME ANALYSIS SUMMARY OF 70 ONE-HOUR STUDENT OBSERVATIONS

Student Activity	Percentage of Time Students Engaged in Activity
Learning Activities	
Language	22
Gross and fine motor	17
Self care	17
Perceptual motor	12
Sensory Input	9
Social	3
Tasks	2
Academic readiness	1
Total	83
Activities Other Than Learning	
Unstructured time	8
Rest periods	8
Maintenance	1
Total	17

TABLE 2

FREQUENCY ANALYSIS SUMMARY OF LEARNING ACTIVITIES OBSERVED DURING 70 ONE-HOUR STUDENT OBSERVATIONS

Activity Learning Area	Number of Activities
Language	57
Self-care	46
Gross and Fine Motor	40
Perceptual Motor	32
Sensory Input	19
Tasks	10
Social	7
Academic Readiness	5
Total	216
Instructional Setting	
Whole Group	64
Small Group	19
Individual	133
Total	216
Type of Activity	
Active	186
Passive	30
Total	216

TABLE 3

SUMMARY OF LANGUAGE AND DEVELOPMENT SCALE RATINGS
Proportion of Students Showing Gain Or Loss
In Skill Areas To Number of Students Rated

Skill Area	Rating Period					
	Fall 1973 - Spring 1974		Spring 1974 - Fall 1974		Fall 1974 Spring 1975	
	Gain	Loss	Gain	Loss	Gain	Loss
Dressing	15/24	0/24	17/24	5/24	14/27	1/27
Personal Hygiene	14/29	0/29	17/28	2/28	12/30	2/30
Toileting	17/31	0/31	15/30	4/36	12/32	1/32
Feeding	15/32	0/32	9/31	4/31	6/23	1/33
Motor	15/23	0/23	17/23	3/23	16/24	0/24
Eye Hand	20/32	0/32	22/31	6/31	13/24	1/34
Language	21/32	1/32	25/31	7/31	17/27	1/27

TABLE 4

SUMMARY OF PHYSICAL AND OCCUPATIONAL THERAPY SCALE RATINGS

Number of Students Showing Gain or Loss in Skill Areas

Total Students Rated 35

Skill Area	Fall 1974 - Spring 1975 Rating Period
Visual	20
Auditory	14
Gross motor	31
Fine motor	24
Feeding	16
Self-feeding	15
Toileting	7